



An Affiliate of **MERCYONE**

Community Health
1515 S. Phillips, Algona, IA 50511
Phone: 515-295-4430 ~ Fax 515-295-4408

Dear Interested Subscriber,

Thank you for your interest in the Lifeline Program at Kossuth Regional Health Center.

In this packet you will find the following forms and information:

- **Yellow Quick Information Sheet** about LifeLine (for you to keep)
- LifeLine Care Plan Agreement Form (2 pages – **you only need to complete areas highlighted in yellow**)
- *Lifeline Care Plan Agreement – Terms and Conditions* (front and back -- for you to keep)
- A Request to Change Protocol Form (you only need to complete this form if you select the **Auto Alert Button** and want your personal responders called **before 911** - if you want 911 to be called first, you do not need to complete this form)
- An Auto Withdrawal Agreement Form (if you would like to have monthly payments automatically withdrawn from your bank account)
- A **Household Warnings Form** (please complete and return)
- A Self-Addressed Return Envelope

Once you have completed the paperwork, please return it in the enclosed envelope or bring it to the Community Health Department at Kossuth Regional Health Center.

Upon receiving your paperwork, a volunteer will contact you to set-up a time when they can come to your residence and install your LifeLine Unit.

If you have any questions, please feel free to contact me.

Karla Schutter
LifeLine Services
515-295-4430

LIFELINE

Emergency Response System

The Kossuth Regional Health Center Auxiliary sponsors the **LIFELINE** Emergency Response System. **LIFELINE** will allow you to rest easier knowing that help is at your fingertips. **LIFELINE** was designed to extend the time that disabled, elderly, chronically ill, or medically fragile individuals can live independently, providing an extra sense of security. Our **LIFELINE** system is designed for **IN-HOME USE ONLY** and you **MUST** have a **LANDLINE** – our units **DO NOT** work with cell phones.

As a **LIFELINE** subscriber, you will have a Home Communicator Unit attached to your telephone and a portable, waterproof “Help Button” which can be worn on your wrist or as a necklace. In an emergency, just push your Help Button. This will automatically send a message to **LIFELINE**. **LIFELINE** will then contact you to determine what kind of help you need. If they cannot reach you, they will immediately contact the personal responders you have selected. If no personal responders can be reached **LIFELINE** will call 911. (Responders are usually friends, relatives, or neighbors. It is best if they live nearby and have keys to your house so they will have immediate access to your house in an emergency.)

Installation:

Within a day or two of receiving your completed paperwork, a Volunteer will call you to set-up a date and time to come and install the **LIFELINE** unit in your home. This is also a good time for you, your family, and your responders to become familiar with the unit and how it operates.

Fee/Payments:

The installation fee for a **LIFELINE** Unit is \$35.00. The rental fee for a standard **LIFELINE** button (necklace or bracelet) is \$30.00 per month – this is a button that you have to push when you need help. We also offer the “Auto Alert Button” (necklace only) for \$40.00 a month. The Auto Alert Button is a motion censored help button that responds automatically to a fallen subscriber when there is no movement for 30 seconds after a fall. The Auto Alert Button will automatically send a signal to **LIFELINE** letting them know that you need help.

Method of Payments:

We offer two types of payments:

A. Check

At installation, you will receive a payment coupon book to help you keep track of your monthly payments. Include a completed coupon each month with your check.

B. Automatic Withdrawal from Checking/Savings Account (*recommended*)

Fill out the attached Lifeline Auto Withdrawal Agreement Form and return it with your Lifeline Application.

Monthly Test:

Once a month we ask that you push your help button to perform a TEST to be sure the unit and the button are working correctly. If at any time the button is pushed accidentally, just tell **LIFELINE** you accidentally pushed it.

Canceling LIFELINE:

When you no longer want/need **LIFELINE**, it is **your** responsibility to return the unit, the button, the electric cord, and the phone cord to Kossuth Regional Health Center's front desk or to the Community Health Department. Be sure to include your name so we know who is returning the unit and can deactivate your account. **We cannot deactivate your account or stop charges until all LifeLine equipment has been returned to our office.**

Please feel free to contact Karla at Community Health with any questions or concerns.

515-295-4430

Kossuth Regional Health Center, 1515 S. Phillips St., Algona, IA 50511 ~ Fax: 515-295-4408

Lifeline Care Plan Agreement

<input type="checkbox"/> This is a PARTIAL Install <input type="checkbox"/> This is a FOLLOW-UP Install		Program Name	Program Phone Number	Installation Date
Program Code	Household Phone # ()	Model Type	Communicator #	Accessories
	Subscriber Mobile Phone # ()		Button #	
Salutation	Subscriber Last Name	First Name	Middle	Suffix
Preferred Name	Last Name Sounds Like	Language Need? <input type="checkbox"/> Spanish <input type="checkbox"/> Other	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date Of Birth
Household Information			Emergency Phone Numbers (Do not list 011 or 800 #'s)	
Residential Street Address/Apt.#			CENTRAL DISPATCH ()	
			POLICE-()	
City	State	Zip Code	FIRE-()	
Township/Municipality	County		AMBULANCE <input type="checkbox"/> Check If Private ALTERNATE AMBULANCE () ()	
Household Hidden Key Location		Directions To Home (Must Be Provided If PO Box Listed)		Subscriber Email Address
PHB/AAHB xmit code:				Special Instructions/Add. Svcs. <input type="checkbox"/> State Funded <input type="checkbox"/> Lifeline Smoke Detector <input type="checkbox"/> Healthcare Directives
PHB/AAHB expiry:				
Drug Allergies	Medical Conditions and/or Diseases			Household Warning
Responder One		Responder Two		Responder Three
Name (First/Last)		Name (First/Last)		Name (First/Last)
Language Need? <input type="checkbox"/> Spanish <input type="checkbox"/> Other		Language Need? <input type="checkbox"/> Spanish <input type="checkbox"/> Other		Language Need? <input type="checkbox"/> Spanish <input type="checkbox"/> Other
Street Address		Street Address		Street Address
City, State, Zip Code		City, State, Zip Code		City, State, Zip Code
Family Relation <input type="checkbox"/> Have Key <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Notify		Family Relation <input type="checkbox"/> Have Key <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Notify		Family Relation <input type="checkbox"/> Have Key <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Notify
Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()		Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()		Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()
Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()		Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()		Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()
Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()		Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()		Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()
Email Address		Email Address		Email Address

Program Code	Subscriber Last Name	First Name	Household Phone # ()	Program Name
Notify		Notify		
Name (First/Last)	Family Relation <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Reminder Contact	Name (First/Last)	Family Relation <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Reminder Contact	
Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	
Primary Physician		Third Party Notify		
Name (First/Last)	Name (First/Last)		Fax Number ()	
Phone ()	Name (First/Last)		Fax Number ()	
Preferred Hospital		Referral Source		
Hospital Name		Name (First/Last)	Phone ()	
City, State	Phone (REQUIRED) ()	Organization/Agency Name	Position/Title	
<input type="checkbox"/> Multiple Subscriber Household <i>(Complete a separate Care Plan Agreement for each Subscriber)</i> Name of Additional Subscriber		Street Address	City, State, Zip Code	
		Coupon Code	A	B
Subscriber Notes				
Payer Information				
Name (First/Last or, if applicable, organization name)		Payer Email Address		Home Phone # ()
Street Address		Mobile Phone # ()		Work Phone # ()
City	State	Zip Code	Medicaid Number	
Monthly Fee(s) Monitoring Service \$	One Time Fee(s) Enrollment Fee \$ Shipping & Handling \$	Payment Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly		Payment Method <input type="checkbox"/> Invoice <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card
Signatures of Subscriber (and, if different, Payer)				
SUBSCRIBER: By signing below you confirm that (1) the above information is accurate and complete; (2) you agree to the terms of this Agreement; and (3) you have been given the User Manual for the Lifeline equipment.		PAYER (if not Subscriber): By signing below you confirm that (1) the above information is accurate and complete; and (2) you agree to the terms of this Agreement .		
Signature of Subscriber		Signature of Payer (if different than subscriber)		Date

LIFELINE MONITORING SERVICES *Care Plan Agreement – Terms and Conditions*

HOW LIFELINE WORKS

Welcome to the Lifeline medical alert service. Below are the legal terms of the Agreement between you and Lifeline. (“Lifeline” means Lifeline Systems Company and its affiliated companies, the Program and Referral Source named on your Care Plan Agreement and each of their affiliated entities.)

By signing this Agreement, you agree that you are a Subscriber to and/or Payer for the Service and have read this Agreement, including the following:

What is the Lifeline service? A Lifeline Communicator will be installed in your home and you will be given a Personal Help Button, or On the Go Mobile Solution Button (collectively, “Equipment”). Be sure to read the User Manuals for this Equipment. If Lifeline’s Response Center receives a “Help Needed” signal from the Equipment, Lifeline will make a reasonable effort to promptly contact you. If, after making (or trying to make) contact, Lifeline decides it is necessary in its reasonable judgment, it will then notify the listed Responders (in the order shown on the front of this Agreement) or Police, Fire or Ambulance.

How Lifeline Responds to Your Requests. You agree that Lifeline may rely absolutely on statements made by you or your listed Responders, or any person who says that they are acting on behalf of you or a Responder.

You agree that Lifeline is not responsible for the promptness, sufficiency or adequacy of the action of any Responder or third party acting for a Responder. You understand that Lifeline does not represent or guarantee that Responders can be contacted or will respond, or that their response will be safe or effective. You agree that the Responders have been designated by you and are not agents or representatives of Lifeline.

Your Responsibilities as a Subscriber. You understand that you must:

- Provide electrical power and a functioning telephone connection to the Equipment. The Equipment will not work if unplugged, if telephone service is down, during a power outage or if A/C power

is not provided. (The unit has a backup battery that will work for a limited period of time.) Lifeline does not take responsibility to notify you or your Responders if your Equipment stops receiving power.

- Give accurate information about your Responders. You represent that your Responders have agreed to act as Responders.

- Not alter or modify the Equipment.

- Not move Equipment from its original installation without Lifeline’s prior authorization.

- Allow access for Lifeline representatives to inspect Equipment, for maintenance, or removing Equipment after termination.

- Not cause repeated false alarms, otherwise Lifeline may discontinue your service.

- Be responsible for providing Responders with access to your home.

- Promptly inform Lifeline of any changes to the information provided in this Agreement. All changes are solely your responsibility and become effective only after you communicate them to Lifeline.

- Follow Lifeline’s recommended procedures.

- Pay any fine resulting from a false alarm.

The Lifeline Service Relies on your Telephone Service to Operate. If your telephone service is out of order or disconnected, the Equipment will not operate until telephone service is restored. Lifeline has no control over your telephone service. And, it will not know if your service is not working. Therefore, it cannot provide the Lifeline service during that time, or notify your responders that your telephone service is out of order.

Also, please be aware that using telephone service provided via the internet, broadband, VoIP, or any other **non-traditional telephone** service presents risks for non-transmission of the signals from the Equipment to Lifeline’s call center and the Equipment may not operate as intended.

Will Lifeline Work If My Phone is Off the Hook or I Lose My Dial Tone? Your Equipment needs a dial tone to be able to contact Lifeline. Even if your telephone service is working, your telephone line can lose a dial tone if a phone is off hook or other devices are using the phone line. To reduce the risk that your Lifeline Equipment will not have a dial tone, you can ask your telephone company to install technology in your

home, such as an RJ31X jack, to permit your Lifeline Communicator to "seize" the line and obtain a dial tone. (Lifeline cannot install an RJ31x or equivalent; you must do so.)

Special Note about the Mobile On the Go Solution. If you order the Mobile on the Go Mobile button, be aware that it will NOT detect all types of falls. Therefore, if you fall, **you should still try to press your help button if possible.**

How Lifeline Uses Your Personal Information. You are providing Lifeline with health, financial and other personal information so that Lifeline can provide services. You agree that Lifeline, Referral Source, Program, Responders and other parties named in this Agreement can receive that information. You agree that if a Responder or other assistance is sent to subscriber's home or elsewhere (an "Incident"), Lifeline may notify the parties listed in this Care Plan Agreement. Communications between you and the Lifeline response center may be recorded, and you consent to that recording.

Forced Entry. You understand that if a help signal is received by Lifeline and a Responder is sent to your home, Lifeline is NOT RESPONSIBLE – and you relieve Lifeline of any liability – for how the Responder chooses to enter your home. (For example, if the Responder does not have or cannot find a key, you hereby authorize the Responder to break into your home, even if this causes damage.) If you have a hidden key location, lockbox or garage opener, you are responsible for maintaining the key or lockbox in an accessible location and informing Lifeline of any changes to the location of the key or the access code.

Payment Information. You agree to pay the Fees shown in this Agreement along with any sales tax or additional Lifeline services you later order. Fees are subject to change upon 30 days' prior written notice to Payer. Payment is due upon your receipt of an invoice.

This Agreement, and any Addenda hereto (together, the "Agreement"), is the entire Agreement between You and Lifeline. No person installing, servicing or otherwise dealing with Equipment is or shall be authorized to act for or bind Lifeline. This Agreement supersedes all prior representations, understandings or agreements between You and Lifeline and may be amended or revised at any time without prior notice to you by Lifeline, at its sole discretion. You agree that this Agreement will be governed by the laws of the Commonwealth of Massachusetts.

Past due balances (over 30 days) are subject to a monthly finance service charge of 18% percent per year, or the maximum allowable by law. If Lifeline must institute legal proceedings to collect payments due, then you agree to pay Lifeline's reasonable attorney's fees for such collection action unless prohibited by law. You agree to pay for a full month of service for any month in which you have Service. Lifeline reserves the right to charge a \$50.00 fee for each replacement Personal Help Button or Auto Alert Help Button.

Term of Service. Your Service starts when the Equipment is shipped. Service must remain in effect for a minimum of THREE (3) MONTHS (excluding Medicaid and other agency-funded subscribers), after which it may be terminated by either you or Lifeline for any reason by sending the other party 30 days prior written notice. If Service is terminated, you will return Equipment to Lifeline at your expense either by mail or arranging for pick up (for a fee) by a Lifeline representative. If you do not return Equipment within 30 days after termination, Lifeline reserves the right to charge you a \$400.00 "lost Equipment" fee.

Lifeline makes no guarantees or warranties of any kind relating to the service and expressly disclaims all warranties whether express or implied, written or oral, with respect to the service and the Equipment, including warranty of merchantability or fitness for a particular purpose. LIFELINE'S MAXIMUM LIABILITY ARISING OUT OF PROVIDING THE SERVICE (INCLUDING WIRELESS SERVICE), INCLUDING THE EQUIPMENT, OR ITS USE, WHETHER BASED ON WARRANTY, CONTRACT, TORT OR OTHERWISE, SHALL NOT EXCEED ALL PAYMENTS RECEIVED BY LIFELINE FROM SUBSCRIBER UNDER THIS AGREEMENT. In no event shall Lifeline be liable for special, incidental or consequential damages. Some states do not allow exclusion or limitation of incidental or consequential damages, so those particular limitations may not apply to you.

REQUEST to CHANGE PROTOCOL

****This form only applies to the AutoAlert Help Button**

Complete this form if you want your personal responders called before 911.

I understand that Lifeline's current, **standard procedure** for the AutoAlert button is:

If Lifeline receives a Fall Detected signal from my AutoAlert button, *and* no one in my home responds to Lifeline's call center, Lifeline will first call 911 before calling anyone else.

However, I do not want 911 to be called first. Instead, I want Lifeline to first call the responders (family or friends) that I have listed in my Care Plan Agreement. If those responders do not respond, then Lifeline can call 911.

By signing below, I am asking you to call my personal responders first, *before* you call 911, if I do not answer Lifeline following an AutoAlert fall detected signal. (If I do not sign below, Lifeline will continue to use its standard procedure: calling 911 immediately.)

Print Name of Subscriber

Phone Number where unit is installed

Signature of Subscriber/ Caregiver

Date

Return to: Lifeline or
200 Donald Lynch Blvd.
Marlborough, MA 01752
Attn: Program Services

Fax: 888-289-2023 or email: dg_LLUS_BRMS@lifeline.com

Please note: until this form is signed, and entered into the Lifeline system, Lifeline will continue to use the standard protocol of calling 911 immediately when a fall has been detected and there is no response from the subscriber.

April 2024

Lifeline Auto Withdrawal Agreement Form

Payments are withdrawn the first of each month

Authorization Agreement for Preauthorized Payments

I/we hereby authorize Iowa State bank to initiate debit entry to my/our account (indicated below) at the bank (DEPOSITORY) (indicated below) and to credit the Kossuth Regional Health Center Auxiliary Lifeline Account.

PLEASE PUT YOUR BANK INFORMATION BELOW

Bank Name

ABA (Routing) Number

(Located at bottom left of check)

Bank Address

Account #

(Located after the ABA (Routing) number on the bottom left of check)

Account Type: (Please circle one)

Checking

Savings

Monthly Fee: (Please circle one of the fees below)

\$30.00 (standard button)

\$40.00 (2 standard buttons)

\$40.00 (auto alert button)

\$60.00 (2 auto alert buttons)

Account Title

(Name on Account)

This authority is to remain in full force and effect until Iowa State Bank and the DEPOSITORY have received written notification from me (either of us) of its termination in such time and in such manner as to afford Iowa State Bank and the DEPOSITORY a reasonable opportunity to act on it.

Signature

Date

Lifeline Household Warnings

Please circle any that apply and
return with your application:

Oxygen in home

Hospice patient

Subscriber cannot hear

Subscriber does not speak

List of current meds on refrigerator

Child in home

Live-in with disabilities

Pets: Subscriber has cat(s)

Pets: Subscriber has dog(s)

Pets: Subscriber has dog(s) that bite

Do not let the pet(s) out

Weapon(s) in home

NONE